

**AUTHORIZATION TO WRITE 5150 HOLDS
COUNTY OF SANTA CLARA BEHAVIORAL HEALTH SERVICES DEPARTMENT
ATTESTATION FOR LPS DESIGNATION APPLICANTS**

Certificate of Applicant:

I attest that all statements made in this application are true and correct. I acknowledge that any false or incomplete statement given here, or an omission of material fact will result in my disqualification. I further acknowledge that I have received a copy of the Santa Clara County Behavioral Health Services Department "LPS Training Manual" and that I have read and understood this document, and will uphold all applicable legal, ethical, regulatory, and reporting principles contained therein and in the standards of my professional license(s).

Further, I will uphold basic ethical standards essential to the fulfillment of my responsibilities carried out in the application of my authority for involuntary detention, including but not limited to the following:

- Avoidance of circumstances where work-based action may affect or appear to affect private financial interest or personal gain, financial or non-financial.
- Avoidance of any participation in a personal arrangement or business transaction which would generate potential or perceived conflict of interest or compromise my ability to provide treatment fairly and objectively.
- Avoidance of any circumstances that would hinder my ability to provide or refer to service that is of highest quality and effectiveness.
- Recognition and avoidance of any personal situation, habits or behaviors that might impair ability to provide competent care.
- Respect and protection of client confidential information, in accordance with applicable legal and regulatory standards.
- Performance of all duties in a manner that demonstrates an understanding of each client's personal dignity.
- Demonstration of highest standards of personal integrity in all work-related activities carried out in the application of my authority for involuntary detention.

I acknowledge that if I am given authority for involuntary detention, my failure to comply with the above principles and all laws, policies, by-laws, or regulations related to involuntary detention, or with those portions of the "LPS Training Manual" related to individuals (including any revisions thereafter adopted), will result in withdrawal of my involuntary detention authority. I acknowledge that involuntary detention authority may also be withdrawn without cause at any time by the Santa Clara County Behavioral Health Services Department Director.

Signature of Applicant	Print Name	Date
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Credential, License No. and Exp. Date	Program Manager's Name (printed)	Signature
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Directly Operated Program or Contract Site Approved to Initiate LPS Involuntary Holds

Address	Work Telephone	E-mail
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